Adjustment of Overtime Hours

U.S. Department of Housing and Urban Development Office of Chief Human Capital Officer

Name of Reporting Unit							P. n/dd/yyy	ay Period y) To (mm/dd/yyyy)			Cor	Correspondence Code				
Instructions: When the actual number of hou form to the approving official for authorization of The employees listed below were authorized to pe	additi	onal h	ours. 7	This fo	m mus	st refle	ct all a	ctualc	vertim	e hour	s of w	ork for	the aff	ected (employee(s	
The employees listed below were authorized to pe	enonn	Actual Hours of Overtime Worked													iows.	
Name of Employee				rst We	ek					Sec	ond W					
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total	
Total																
Date (mm/dd/yyyy)	Title o	 of Appr	oving (Officer				Signa	Signature of Approving Officer							
	3															

form HUD-200.2 (7/99) Previous edition is obsolete